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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Wiggins, Lloyd, Arthur, Mr.,								
	(b) Address (number and street) 9206 Cypresswood Circle	☐ Check if address changed			Candidate's FEC Identification Number H0FL14107				
	City, State, and ZIP Code						ew	Amended	
	Tampa		Fl	_ 3364	7	Statement (N	N) OR	(A)	
4.	Party Affiliation	5. Office Soug	jht		6. State & Dist	rict of Candidate			
	REPUBLICAN PARTY	House			FL	14			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
Wiggins for Congress									
	(b) Address (number and street) 9206 Cypresswood Circle								
	(c) City, State, and ZIP Code								
	Tampa				FL	33647			
(Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.									
NOTE: This designation should be filed with the principal campaign committee.									
(a) Name of Committee (in full)									
(b) Address (number and street)									
(c) City, State, and ZIP Code									
	I certify that I have exa	mined this Sta	tement and to	o the best of	my knowledge a	and belief it is true, correct	t and complet	e.	
Signature of Candidate Date									
W	iggins, Lloyd, Arthur, Mr,			[Elec	tronically Filed]	06/04/2019			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
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FEC FORM 2 (REV. 02/2009)